



Washington
Department of
**FISH and
WILDLIFE**

Wildlife Rehabilitation Sub-permittee Application

*Please return to: Wildlife Rehabilitation Manager,
Washington Dept. of Fish & Wildlife, 16018 Mill Creek Blvd,
Mill Creek WA 98012. There is no permit fee.*

Primary Wildlife Rehabilitation Permittees are responsible for ensuring that his or her subpermittee abides by all permit conditions, laws, and regulations, and maintains appropriate facilities. Please read carefully **WAC 232-12-843 Wildlife rehabilitation – Responsibilities of primary permittees and subpermittees** and **WAC 232-12-847 Wildlife rehabilitation – Facility requirements and inspections – On- and off-site care**. You may not transfer wildlife out of your facility to another person unless he or she is listed as a Sub-permittee on your Wildlife Rehabilitation Permit. **SUB-PERMITTEES** are those people listed on your permit who care for wildlife under your direction temporarily in their own facility during overflow or over-capacity at the Primary Permittee's facility or when 24-hour or over-night attention and care is needed, such as nestling or neonate care. Sub-permittees may also temporarily act in your place at your primary facility if you or another permitted wildlife rehabilitator are unable to be there.

Name of Primary Permittee:
WDFW Wildlife Rehabilitation Permit Number:
Name of Wildlife Rehabilitation Facility:

Subpermittee Name (Last)	(First)	(MI)	
Facility Address (if there is an off-site facility)	City	State	Zip
Home Phone	Cell Phone		
E-mail Address			
Subpermittee Birth Date (Subpermittees must be 18 years of age or older)			

Enclosures - Please list all enclosures at Sub-permittee's facility

Include in this application photographs of all Subpermittee's enclosures and/or cages.

ENCLOSURE OR CAGE (i.e. "wire cage, aquarium, outdoor pen")	DIMENSIONS LxWxH

Species Information - What species will your Sub-permittee house for you, if any?

Off-Site Subpermittees may house and care for only the following species: Small mammals (except bats and Threatened, Endangered, and Sensitive species), ducks and geese (except swans), pheasant, grouse, quail, pigeon and dove, woodpeckers (except pileated woodpecker), and non-Threatened, -Endangered, or -Sensitive songbirds and perching birds. **NEXT PAGE**

BIRDS	MAMMALS

SIGNATURES AND ACKNOWLEDGMENTS

Subpermittee Applicant:

I, _____, agree to all of the conditions outlined in WAC 232-12-843 and WAC 232-12-847 and have read the most current NWRA/IWRC *Minimum Standards for Wildlife Rehabilitation*.

I acknowledge that I am only authorized to conduct wildlife rehabilitation activities under the supervision of the primary permittee listed on this application.

I understand that I may only receive wildlife for rehabilitation directly from the Primary Permittee and after an initial exam and treatment have been administered; I may not accept wildlife from the public.

I understand that I cannot hold the Washington State Department of Fish and Wildlife liable for any injuries, illnesses, or damage to any person or property in connection with my wildlife rehabilitation activities.

I understand that wildlife remains the property of the state and is subject to control by the state.

Signature

Date

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### Primary Permittee:

I, \_\_\_\_\_, acknowledge that I will be held accountable for the Subpermittee's actions and caging facilities and understand that any violation of the wildlife rehabilitation rules and permit conditions could result in revocation of my rehabilitation permit. I will provide to the Subpermittee written protocols for the care and rehabilitation of wildlife, and written treatment, feeding, and handling directions for cases delegated to the Subpermittee. I will also provide to the Subpermittee a copy of the Fourth Edition of the NWRA Minimum Standards for Wildlife Rehabilitation Guidelines

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Remove a Subpermittee from your permit

*I request that the Subpermittee listed below be removed from my Wildlife Rehabilitation Permit*

### Subpermittee

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*I have notified the above listed Subpermittee of his or her removal as a Subpermittee from my Wildlife Rehabilitation Permit*

Your Name (Primary Permittee): \_\_\_\_\_

WDFW Wildlife Rehabilitation Permit Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_